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Group 1625

EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILI	NG DATE
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/ZD/	AM	DOCUMENT NUMBER 0543780	T		CLASS	SUBCLASS	TRAN YES	SLATION NO
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	┼	0543780	DATE 5/26/93	OFFICE	CLASS	SUBCLASS	YES	NO
	AN	0543780	DATE 5/26/93	OFFICE	CLASS	SUBCLASS	YES	NO
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	AN AO AP	0543780 0463560	5/26/93 1/2/92	OFFICE			YES	
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/ZD/	AN AO AP AQ	0543780 0463560 OTHER DOC Zanger, M Gennaro, A	5/26/93 1/2/92 UMENTS	OFFICE EP EP (Including Author, Title, Date, Perington's Pharmaceutical Scie	tinent pages, E	tc.)	YES	
/ZD/	AN AO AP AQ	0543780 0463560 OTHER DOC Zanger, M Gennaro, A	5/26/93 1/2/92 UMENTS	OFFICE EP EP (Including Author, Title, Date, Perington's Pharmaceutical Scie	tinent pages, E	tc.)	YES	